

1590

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>213</u>	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	City of <u>Miami</u>	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Manuel Gutierrez</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } <u>NO</u>	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and { Number in order of birth <u>2nd</u> } Legitimate <u>Yes</u>	Date of Birth <u>May 10</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Mariano Gutierrez</u>		Full Maiden Name <u>Maria Luz Fernandez</u>	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>20</u> (Years)
Birthplace <u>Llerenas, Spain</u>		Birthplace <u>Nabageda, Spain</u>	
Occupation <u>laborer</u>		Occupation <u>House wife</u>	
Number of child of this mother <u>2</u>		Number of Children, of this mother, now living _____	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 10 1918, at 4.4 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Given or Christian name added from a supplemental report _____ 1918

(Signature) Dr. M. D.
(Attending physician, midwife, householder.*)

Address Miami, Fla.
John H. Lozy
LOCAL REGISTRAR

Filed May 15 1918 At True Copy B. G. Fox
COUNTY REGISTRAR

479-570-469
COUNTY REGISTRAR.